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PTO/SB/01 (01-09)
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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/581,535
	Filing Date	04/09/2007
	First Named Inventor	Gracme Wilborn Sturgeon
	Title	Method and Apparatus for Extinction
	Art Unit	3043
	Examiner Name	K. Rowan
	Attorney Docket Number	Nooski

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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Practitioner(s) Name	Registration Number
Raymond Van Dyke	34,746

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☐ The address associated with the above-mentioned Customer Number.

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☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name: Raymond Van Dyke

Address: Washington Square, 1050 Connecticut Avenue, NW
P.O. Box 65302

City: Washington State: DC Zip: 20035

Country: USA

Telephone: (202)378.3903 Email: vandyke@acm.org

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 5.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/06) submitted herewith or filed on:

SIGNATURE OF Applicant or Assignee of Record

Signature	<i>J. Neustroski</i>	Date	03/04/2010
Name	John Neustroski (deceased)	Telephone	Amherst (415) 802-7181
Title and Company	Legal Representative:		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.51, 1.52 and 1.53. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 146 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/581,533
	Filing Date	04/06/2007
	First Named Inventor	Graeme William Sturgeon
	Title	Method and Apparatus for Extermination
	Art Unit	3043
	Examiner Name	K. Rowan
	Attorney Docket Number	Nooski

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Country: USA

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Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	<i>David McCormack</i>	Date	20/04/2010
Name	David McCormack	Telephone	+64 7 868 1013
Title and Company	M06... 27 2814035		

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	Title	Method and Apparatus for Extermination
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	Examiner Name	K. Rowan
	Attorney Docket Number	Nooski

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☒ Firm or Individual Name **Raymond Van Dyke**

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>G. Sturgeon</i>	Date	30/4/2010
Name	Graeme William Sturgeon	Telephone	07 869 0393
Title and Company	Patent Holder		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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